

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/137,491	08/21/1998	378	2876	9789.3801

APPLICANT
ELLIOTT B WEINGER, HOOLYWOOD, FLORIDA.

CONTINUING DOMESTIC DATA***
VERIFIED
Paul

371 (NAT'L STAGE) DATA***
VERIFIED
Paul

FOREIGN APPLICATIONS***
VERIFIED
Paul

FOREIGN FILING LICENSE GRANTED 09/04/1998

SMALL ENTITY

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input checked="" type="radio"/> no O yes <input checked="" type="radio"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>Paul</u> Examiner's Name Initials	FL	2	17	4

ADDRESS
MALIN, HALEY & DIMAGGIO, PA
1936 S. ANDREWS AVENUE
FORT LAUDERDALE , FL 33316

TITLE
MEDICAL X-RAY DIGITIZING AND CHART STORAGE SYSTEM

FILING FEE RECEIVED \$**436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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APPLICANT

ELLIOTT B. WEINGER, HOOLYWOOD, FL.

CONTINUING DOMESTIC DATA***
VERIFIED *none*

PRH

371 (NAT'L STAGE) DATA***
VERIFIED *none*

PRH

FOREIGN APPLICATIONS***
VERIFIED

PRH none

FOREIGN FILING LICENSE GRANTED 09/04/98

***** SMALL ENTITY *****

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 2	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
Verified and Acknowledged <i>PRH</i> Examiner's Initials			<i>PRH</i> Initials			

ADDRESS

BARRY L HALEY
MAIN HALEY DIMAGGIO & CROSBY
ONE EAST BROWARD BOULEVARD SUITE 1609
FORT LAUDERDALE FL 33301

TITLE

MEDICAL X-RAY DIGITIZING AND CHART STORAGE SYSTEM

FILING FEE RECEIVED \$436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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